



# House of Representatives

General Assembly

**File No. 735**

*January Session, 2013*

House Bill No. 6684

*House of Representatives, May 6, 2013*

The Committee on Judiciary reported through REP. FOX, G. of the 146th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

***AN ACT CONCERNING THE ESTABLISHMENT OF AN INTAKE,  
REFERRAL AND INTERVENTION SYSTEM RELATING TO THE  
PROVISION AND DELIVERY OF MENTAL HEALTH SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1       Section 1. (NEW) (*Effective July 1, 2013*) (a) Not later than January 1,  
2       2014, the Commissioner of Mental Health and Addiction Services shall  
3       establish an intake, referral and intervention system that shall be  
4       accessible to any person (1) who is eligible for services from the  
5       Department of Mental Health and Addiction Services, and (2) whose  
6       treatment history reflects that (A) his or her mental health treatment  
7       needs have not been adequately addressed by his or her service  
8       delivery system, and (B) he or she has not remained actively engaged  
9       in receiving needed mental health treatment services.
- 10       (b) When designing the intake, referral and intervention system, the  
11       commissioner shall:
- 12       (1) Assign, in collaboration with the Probate Court Administrator,

13 department staff to attend probate court proceedings in the probate  
 14 districts serving the cities of Hartford, New Haven and Middletown,  
 15 and such other probate districts as determined by the commissioner.  
 16 Assigned department staff shall meet with any person eligible for the  
 17 services made available through the intake, referral and intervention  
 18 system and link such person to housing services, peer support services  
 19 and such other services as may be appropriate for his or her needs;

20 (2) Develop and implement a peer support program that (A)  
 21 promotes ongoing intervention with persons who have not  
 22 consistently engaged in obtaining mental health treatment services, in  
 23 order to establish supportive relationships that continue after such  
 24 persons are discharged from a hospital or treatment facility, and (B)  
 25 extends to persons in the community who have not consistently  
 26 engaged in obtaining mental health treatment services, in order to  
 27 establish supportive relationships for such persons and link such  
 28 persons to services that are appropriate to their circumstances;

29 (3) Expand access to housing alternatives, by utilizing the Housing  
 30 First model for persons who have a history of refusing mental health  
 31 services in combination with outreach and services provided by  
 32 assertive community treatment teams;

33 (4) Promote expanded access to respite services as an alternative to  
 34 emergency room and hospital-based services; and

35 (5) Collaborate with service providers and mental health treatment  
 36 advocates to increase awareness about the use of advance directives by  
 37 persons who receive services from the department and provide referral  
 38 services to such persons relating to the preparation of such advance  
 39 directives.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2013	New section

**JUD**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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### ***OFA Fiscal Note***

#### ***State Impact:***

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 14 \$</b>	<b>FY 15 \$</b>
Mental Health & Addiction Serv., Dept.	GF - Cost	See Below	See Below

***Municipal Impact:*** None

#### ***Explanation***

The bill will result in a cost to the Department of Mental Health and Addiction Services (DMHAS) to the extent that it requires services beyond those that are currently provided. While the bill does not expand eligibility for DMHAS programs, it does require the agency to expand access to certain services. PA 13-3, An Act Concerning Gun Violence Prevention and Children's Safety, requires DMHAS to provide three ACT teams to provide behavioral health services in three cities of the state as well as care management and coordination services for individuals with mental illness who are involved in the Probate Court System. Funding is provided in sHB 6350, the FY 14 and FY 15 budget bill, as favorably reported by the Appropriations Committee. To the extent that such services as well as others required under the provisions of the bill exceed the agency's current capacity, additional costs could result.

#### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****HB 6684*****AN ACT CONCERNING THE ESTABLISHMENT OF AN INTAKE, REFERRAL AND INTERVENTION SYSTEM RELATING TO THE PROVISION AND DELIVERY OF MENTAL HEALTH SERVICES.*****SUMMARY:**

This bill requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to establish an intake, referral, and intervention system by January 1, 2014. The system must be accessible to anyone who is eligible for DMHAS services (see BACKGROUND) and whose treatment history shows that:

1. the person's mental health treatment needs have not been adequately addressed by the service delivery system and
2. he or she has not remained actively engaged in receiving necessary mental health treatment.

The bill specifies several components and services the commissioner must include in designing the system, including provisions relating to outreach in probate courts, peer support, housing, respite services, and advance directives.

EFFECTIVE DATE: July 1, 2013

**DMHAS INTAKE, REFERRAL AND INTERVENTION SYSTEM*****Required Components of Program***

The bill sets several requirements for the DMHAS commissioner in designing the intake, referral, and intervention system, set forth below. DMHAS currently operates several programs that overlap with the bill's requirements; some examples are mentioned below.

***Probate Court Outreach.*** Under the bill, in collaboration with the

probate court administrator, the commissioner must assign DMHAS staff to attend probate court proceedings in the probate districts serving Hartford, Middletown, and New Haven, and other probate districts the commissioner selects. These staff must meet with anyone eligible for services made available through the intake, referral, and intervention system established by the bill. The staff must also link such people to services, including housing, peer support, and other appropriate services to meet their needs.

**Peer Support.** The bill requires the commissioner to develop and implement a peer support program. The program must promote ongoing intervention with people who have not consistently engaged in obtaining mental health treatment services to establish supportive relationships that continue after they are discharged from a hospital or treatment facility. The program must also reach people in the community who have not consistently engaged in obtaining such services, to establish supportive relationships for them and link them to appropriate services. (DMHAS currently operates programs providing peer support in various contexts.)

**Housing.** The bill requires the commissioner to expand access to housing alternatives, using the Housing First model for people with a history of refusing mental health services, in combination with outreach and services provided by Assertive Community Treatment (ACT) teams (see BACKGROUND). (DMHAS has implemented a Housing First program in New Haven and Hartford and currently operates four ACT teams, in Manchester, Middletown, New Britain, and Norwich.)

**Respite.** The bill requires the commissioner to promote expanded access to respite services as an alternative to emergency room and hospital-based services.

**Advance Directives.** Finally, the commissioner must collaborate with service providers and mental health treatment advocates to increase awareness about DMHAS clients' use of advance directives. She must also provide referral services to DMHAS clients relating to

preparing advance directives. (Advance directives allow someone to direct their desires for health care decisions or appoint someone to make health care decisions on the person's behalf in the event of future incapacity.)

## **BACKGROUND**

### ***DMHAS' Service Mandate***

DMHAS' mandate is to serve adults (age 18 and older) with mental health and substance abuse disorders who lack the financial means to obtain such services on their own. The department also provides collaborative services for other people with various special needs.

### ***Housing First and Assertive Community Treatment (ACT)***

The Housing First model advocates moving homeless people directly into independent housing, and then offering support services, including mental health services, as needed. The model was developed by Pathways to Housing, a nonprofit organization.

ACT is a community-based practice in which multi-disciplinary treatment teams provide a comprehensive array of services to people with severe mental illness.

### ***Related Act***

PA 13-3 (SB 1160, § 66), signed by the governor on April 4, 2013, created a 20-member task force to study the provision of behavioral health services in Connecticut, with particular focus on providing such services to 16- to 25-year-olds. The task force must analyze and make recommendations in numerous areas, including improving behavioral health screening, early intervention, and treatment. The task force must report on its recommendations by February 1, 2014.

The act (§ 67) requires the DMHAS commissioner to implement an ACT program in three cities that, on June 30, 2013, do not have such a program. The act (§ 68) also requires her to provide case management and care coordination services to up to 100 people with mental illness who are involved in the probate court system and who, on June 30,

2013, are not receiving these services.

**COMMITTEE ACTION**

Judiciary Committee

Joint Favorable

Yea    41    Nay   0    (04/19/2013)